

THE
AMERICAN MEDICAL INTELLIGENCER.

Vol. IV.

December 15, 1840.

No. 18.

For the American Medical Intelligencer.

Philadelphia Hospital, Blockley, November 5th, 1840.

ART. I.—CASE OF CANCER OF THE PENIS.

REPORTED BY WILLIAM M. M'PHEETERS, M. D., RESIDENT PHYSICIAN.

George Dentler, æt. 36, born in the state of Pennsylvania. Until the year 1837, followed the occupation of boatman on the Susquehanna river. In the fall of that year he discovered, on the side of the glans penis, a small speck about the size of a pin's head, which he describes as being firm to the feel, and filled with matter of a yellow colour. For six or nine months it gave him neither pain nor inconvenience, but continued to grow harder and larger—being now about the size of a bean. About this time he consulted a physician, who applied caustic to the tumour. He denies ever having had either syphilis or gonorrhœa. Subsequent to the application of the caustic, he had phimosis, which prevented his exposing the glans penis, or seeing the tumour, which, however, could be felt beneath the prepuce, but gave no pain. The tumour still continued to increase, until it became about half the size of a hen's egg, remaining hard, and discharging a thick yellow matter from beneath the prepuce, when, from undue exposure, the head of the penis became swollen, and of a dark purple colour. In a few days the tumour broke externally through the prepuce, and out of the opening the urine passed, as well as a small quantity of bloody, purulent matter. The urine soon resumed its natural passage, but the tumour remained hard, and discharged a sanious matter. When injured in any way, or when over heated from violent bodily exercise, it would bleed freely. In this state it remained four or five years, at the end of which time he had a severe attack of pleuritis, which, according to his own account, confined him to his bed for more than two months, during the greater part of which time he thinks he was out of his mind. He is unable to say what was the state of the tumour during this period, or whether any thing was done for it or not; but on a return to his senses, the tumour had almost entirely disappeared, leaving an opening in the prepuce, through which the head of the penis could come out. For eight or nine months it gave him but little trouble, when, without any assignable cause, it commenced growing again, sprouting from the margin of the opening, and gradually filling it up. In January, 1839, he went into the Poor House at Harrisburg, where he remained near a year. At the time of his entry, the tumour involved the whole of the penis, with the exception of about an inch next the pubes,—being hard, and having a rough surface. While in this establishment, he was put on a course of mercury, and the vegetable and lunar caustics were freely applied. On the 5th July,

of the same year, it ate into a blood-vessel, which bled so profusely as to produce syncope;—pretty soon after this, the tumour itself broke, and discharged a large quantity of purulent matter, and became an open sore. From this time it increased rapidly in size, and soon involved the whole of the penis, the testicles, and the adjoining parts.

March 26th, 1840, he entered the wards of this hospital. At the time of his entry, the sore extended up the abdomen to within two inches of the umbilicus, covering the whole of the hypogastric and the iliac regions on either side,—composed of a number of lobules of irregular size and uneven surface, of a light pink colour, not very sensitive to the touch, and discharging a thick purulent matter, exceedingly offensive. Throughout, his appetite has been good, and he has suffered comparatively little pain, except when some article of food disagreed with him, at which time the sore would swell up and become painful. Since his entrance his treatment has been altogether palliative. During the summer he had an attack of dysentery, from the effects of which he never recovered. Died Nov. 5th, 1840.

Appearances thirty-six hours after death.—Throughout the upper lobe of the right lung a slight deposit of tubercular matter was found, together with strong adhesions between the pleura pulmonalis and the pleura costalis. Heart.—Effusion into the pericardium of about 3iss of serum, with albuminous patches over the surface of the heart. Liver slightly affected with cirrhosis, but of natural size. A minute injection of vessels of mucous membrane of the stomach; towards the cardiac orifice patches of congestion of the submucous coat, and softening of mucous membrane. Intestines slightly injected, and valvulae conniventes enlarged. Mesenteric glands of natural size, and unaltered. Kidneys normal.

It was a matter of surprise, in this case, that no appearance whatever of scirrhus deposit was found in any part of the body. It affords a strong example of purely local cancer,—where the disease spends its whole force externally, without in the slightest degree interfering with the more vital functions.

For the American Medical Intelligencer.

ART. II.—ON NEUROPATHIC EXCITEMENT.

BY BENJAMIN R. HOGAN, M. D.¹

Cambridge, Dallas County, Ala., Dec. 6, 1840.

We are told by high authority in medicine, that the term "debility has slain its thousands;" and it has almost become an axiom, that increased heat and excited circulation of the blood require debilitating or revulsive remedies. Polyæmia or hyperæmia are supposed, erroneously, to exist in all cases of exalted vital actions. The influence of the sentient and motor systems, the cerebro-spinal axis, and the sympathetic, have been overlooked too frequently in the practice of medicine. To the labours of Marshal Hall, Abercrombie, &c., the profession is indebted for the means of a correct diagnosis of many conditions previously unknown. To your own most excellent treatise upon general therapeutics am I indebted for the principles, mainly, that have enabled me to discriminate the condition of neuropathic excitement.

The symptoms of this condition simulate those of power of the vital forces, or inflammation of vital organs. The vital actions and susceptibilities are greatly exalted, there is great impressibility to sedatives, and great tolerance of stimulants.

¹ Letter from Benj. R. Hogan, late Assistant Surgeon, U. S. A., Cambridge, Dallas County, Ala., to Professor R. Dunglison, M. D., on Neuropathic Excitement.

Neuropathic excitement is developed in individuals of the nervous temperament, whenever the vital energies are innervated to a certain extent, whether it be from defect of nutrition, the sudden or *gradual* withdrawal of a large quantity of blood, or the long continued over-excited state of the sensorium by mental anxiety, or the worn out powers of life in protracted fevers. I have treated it in all conditions of life, and at all ages, from the nursing,

“Mewling and puking in the nurse’s arms,”

to the “lean and slippered pantaloons” of eighty. The symptoms are pain in the top of the head, throbbing in the temples, hot, dry, and shriveled skin,—quick, regular, soft, hard, throbbing, full, small, gaseous pulse, varying in every thing else except frequency, in the course of an hour. Restlessness, heat, thirst,—tongue dry or moist, heavy, soft, clean, or furred, often red at the point, and vesiculated,—sometimes pale, and often semi-transparent. Bowels generally regular, sometimes diarrhoea,—countenance universally pale, and the lips blue or purple. The eye is uniformly bright, unnaturally brilliant in the first periods,—adnata glistening, and pupils most generally dilated, but sometimes contracted. If the condition be not relieved, or aggravated, as is most usually the case, by the administration of *remedies*, to the pain and throbbing in the temples delirium supervenes, *tinnitus aurium*, *subsultus tendinum*, frenzy, and finally, coma and contracted pupils,—involuntary discharges, picking at the bed-clothes, stertorous breathing, and death. Previously, the circulation becomes more and more rapid, from 40 to 100,—the arteries are empty, the veins turgid,—the internal jugular at the inner canthus of the eye is distended, and the countenance deadly pale.

I can better illustrate this condition by reporting a synopsis of a few cases, and the treatment pursued in each:

CASE 1.—A mulatto girl, aged about ten years; in the summer of 1835, had a severe attack of congestive fever. Inflammation of the stomach and bowels succeeded. In ten days she was convalescent, viz. all her functions were natural. I directed mild nourishment, and discontinued my visits. In two days I was called to her. Found her with full, hard pulse, beating upwards of 120 in a minute, hot, dry skin, white fur on the tongue, and violent pain in the head. She was bled, cupped, and treated revulsively, without any permanent relief; and in four days she died, with symptoms of effusion on the brain.

CASE 2.—In a similar case (same year) of age, sex, race, and temperament, I treated the case in accordance with established principles. The case was neglected for two weeks, during which time she took no mercurial preparation, and she became severely salivated from 10 grs. of Protochlor. Hyd. taken at my first visit. Softening of the uvula and soft palate ensued. For two weeks afterwards she had continued fever,—skin hot and dry, pulse 130, pain in the head, and a dry, hoary appearance of the apex of the tongue. Having almost exhausted the resources of the art on the principle of hyperæmic excitement, white wine whey *ad libitum* was directed for her. Much to my satisfaction, in two hours after the change of treatment, and when about $\frac{3}{4}$ iv of the whey had been taken, I found my patient with soft skin and pulse 100, tongue moist, and all her symptoms improving. The wine was continued and with milk gruel: she recovered rapidly and perfectly.

CASE 3.—Mrs. H****, aged 26, of sanguine nervous temperament, had three paroxysms of a quotidian intermittent a week before her confinement with her third child. She had for four years suffered much with dyspepsia, and pain in the anterior lobes of the brain. Her labour was accomplished in fifteen hours, but owing to the shortness of the funis, the placenta was detached with the expulsion of the child, and about $\frac{3}{4}$ xx of blood was lost.

She suffered a good deal from after-pains, and slept but little during the night after her confinement, which took place on the 30th of July.

July 31. About one o'clock became very restless,—skin hot, pulse 130, small and quick,—great thirst, pain in the head, and throbbing in the temples. Direct sulph. morph. $\frac{1}{4}$ of a grain with 5 grains camph. at 4 P. M. She became tranquil, pulse 120, skin soft, and thirst relieved in an hour after the draught.

Aug. 1. In the morning she was free from excitement, and appearance promising. In the afternoon the excitement returned with increased intensity. To the pain in the head were added *tinnitus aurium* and *subsultus tendinum*.

She took the morph. and camph. and a wine glass of port wine whey every hour.

Aug. 2. The patient became tranquil, skin moist, and pain and throbbing in the temples relieved about 9 o'clock last night. Has taken one bottle of port wine since yesterday. Direct her to take coffee and toast bread for breakfast.

3d and 4th. The paroxysms returned on both these days, with less intensity, and the patient took a bottle of port wine during the period of greatest heat of skin and restlessness. Up to this time she had no action in the bowels, the lochia were moderate, and at the subsidence of the excitement to-night, I thought she would be convalescent. A Seidlitz powder had been administered, and, unknown to me, she had drunk some very strong sassafras tea, for the purpose of increasing the lochial discharge. It certainly had the effect to do so, for she flooded $\frac{3}{8}$ or $\frac{5}{10}$, and had two alvine evacuations of a healthy character.

5th. The paroxysm yesterday was lighter, and terminated earlier. At one o'clock this morning, after the operation of the aperient and the flow of blood from the womb, my patient became very hot, skin dry and shriveled, pulse 144, small, hard, soft, and tense, varying every half hour. She complained of violent pain in the head, back, and limbs; *tinnitus aurium*, and frenzy succeeded. I was not apprised of the loss of blood, and the symptoms were so alarming, that I hesitated in my course, and feared I had been mistaken in my diagnosis. Until 1 P. M. I did nothing. Then I resolved to bleed. I corded the arm and took about $\frac{3}{6}$ of blood. The skin became soft, and the restlessness was relieved. At 8 P. M. there was lethargy, but my patient could be aroused. I applied a cup to each temple, and a blister to the nape of the neck. Not more than $\frac{3}{4}$ of blood was taken by the cups, but there was great apparent relief. The patient was sensible and conversed rationally, and appeared much relieved. She slept all night, but it was more a stupor than natural repose. Pulse still very frequent.

6th. The blister drew well,—the bowels have acted once or twice a day, the discharges are natural. She is now restless, muttering, speechless, has *subsultus tendinum*, passes her feces and urine involuntarily,—occasionally there is stertor, the eyes half open, pupils very much contracted,—skin hot, dry, and shriveled,—veins distended, pulse 144. Has had sinapisms applied during the night to the arms and legs, to the number of 10 or 12, to the back and epigastric region.

At 10 o'clock I directed wine to be given. She could not swallow, but it was poured into the mouth by the teaspoonful, and occasionally she would swallow. At 12 there was no change in the symptoms. Peach brandy toddy was substituted for the wine. At 2 o'clock there was not quite so much difficulty of swallowing, and a teaspoonful of the comp. sp. lav. was given every half hour, and the brandy discontinued. At 10 o'clock she became sensible, and at 12 at night she could speak. Strong hot coffee, milk gruel, and beef tea were given occasionally, and wine or peach brandy toddy as often as she would take them. A suppository of opium was administered at 6 P. M. in order to restrain alvine discharges.

7th. She rested and slept occasionally. After 12 last night took nourish-

ment or stimulants every hour. Gave her at 1 P. M. 5 grs. sulph. quin. and repeated every three hours, until it produced a buzzing in the ears. At 12 o'clock to-day she had a sensation of numbness and loss of sensibility. The quinine and stimulants arrested or prevented the excitement that would have followed. They were both continued during the night and next day in smaller doses and portions. At the same hour on the 8th she had the same sensations. After this her recovery has been rapid.

Remarks on the case of Mrs. H.—It was not until the 9th day of August that the pulse receded to its natural frequency, and on this day the bowels were emptied by an enema of soap and warm water.

This case was badly treated. The recurrence of the paroxysms might have been prevented by 15 or 20 grs. of quinine administered at any period during the sweating stage of the paroxysms. The flow of the lochia and the operation of the aperient aggravated the neuropathia under which she laboured. The patient was very near and dear to me, and my feelings were so much interested that I could not rely on my judgment, and I was so situated that I could obtain no aid to enlighten me. The bleeding relieved some symptoms, but only by prostrating the sensibilities of the nervous system. The application of the scarification, by the stimulus of pain, for a time aroused the sensibilities and energies of the nervous system. The arteria-
 lisation of blood was effected, and the powers of life were reanimated. There was not enough blood drawn to increase the debility to any marked extent. But during the night, when she slept, the nervous energy was less active,—the blood accumulated in the veins,—nervous congestion in the brain was the consequence. The internal jugular, at the inner canthus, was turgid,—the arteries were empty, and the presence of so much black blood in the cerebro-spinal axis was fast obliterating the remnants of nervous excitability. And not until I despaired of her recovery, and knew I could not obtain the professional services on which I relied, did I adopt that energetic course of stimulation and recuperation of the physical and vital energies, which will alone relieve the pathological condition under consideration.

CASE 4.—Mrs. ****, aged 21, sanguine bilious nervous temperament. Had violent pain in her head on Saturday,—was bled about $\frac{3}{20}$, and was delivered on Sunday of her third child. Had fever on Monday and Tuesday. Called in a physician, who gave her calomel and Dover's powder,—took a pint of blood from the arm. The calomel was followed by a dose of castor oil, which operated eight or ten times, producing free and copious watery passages. On Wednesday and Thursday complained of great pain in the head and throbbing in the temples. Had hot, dry skin, pulse 140, great restlessness and delirium. When I was called to her at 6 P. M., Thursday, she was speechless, insensible, and picking at the bedclothes,—skin dry, pupils natural, tongue soft with a slight brown fur, pulse 144 and small. She had blisters to the temples and occiput, but recently applied. They were removed at once, and ten drops of laudanum and four grs. camphor given. She took during the night four or five drops of laudanum; after the first portion slept profoundly, and was rational at daylight. Milk gruel and wine whey completed her cure, which was rapid and perfect. On the second day after the wine was given, her pulse became natural. There was about $\frac{3}{8}$ ij of Madeira wine to $\frac{3}{8}$ milk, and a wine glassful of the whey was given every half hour or hour. This is usually the method I use in its preparation and administration.

CASE 5.—Miss W*****, aged 22, of highly nervous organisation, had two paroxysms of a tertian intermittent, and, after the second, took a dose of rhubarb and magnesia. The operation of the medicine produced a chill on the second day. In the pyrexial period I visited her, and found her with purely neuropathic excitement. Complaints of violent pain in the top of the head, throbbing in the temples, stinging heat of surface, great thirst and

restlessness, pale countenance and purple lips, pulse 120, small and regular, tongue free from nodes, but the papillæ on the apex and sides near it presented a protruded and vesiculated appearance. I gave her 20 drops of the denarcot. tinct. opii, and ʒss. sp. æth. nit., and repeated both in half an hour. In an hour after the first portion, the restlessness and heat were relieved, the pain and throbbing greatly alleviated, and pulse reduced to 110. I now gave her white wine by the half wine glassful every hour, with directions to continue it until she felt its stimulating effects. She took several glasses, and had a perfect recovery.

CASE 6.—The Rev. Mr. P****, aged 38, of nervous bilious lymphatic organisation, had gastro-enteritis. I never saw more exalted irritation of the mucous membranes, nor such impressibility of the nervous system. One third of a grain of opium would produce a full anodyne effect.

He was treated revulsively, and in a week all the functions were healthy except those of the circulation and calorification. Pulse steadily at 100, neither full nor hard, but giving the impression of waves under the finger, one beat running into another. Skin hot and dry, with an increase of heat every day at 12 o'clock. Pupils dilated, with injected state of the conjunctiva of the left eye, and flush on the left cheek. I continued revulsive remedies, and repeated general bleeding for the third time. Partial relief for a few hours succeeded the bleeding, but the heat of skin and frequency of the pulse were increased when reaction came on. He slept with his eyes half open, and muttered during his slumber. When awake, manifested a confused perception of himself and every thing about him. Under the debilitating and revulsive plan of treatment pursued, apprehending subacute myelitis to be his disease, his excitement became augmented in intensity and duration. He now complained of frightful dreams, of burning heat in the brain, and thought himself a fireman of a steamboat. His tongue had been perfectly free from sordes for several days, the alvine discharges of a healthy character, and I determined to change my treatment. Accordingly I administered a wine glassful of Teneriffe wine, and repeated the dose every hour. In four hours his pulse receded to 94, his skin became soft, and he fell into a tranquil and refreshing sleep. He slept four or five hours, and when he awoke, complained of great debility. He had never before "felt weak." His excitement returned, and the wine was resumed. He continued taking it when awake, every hour, day and night, for two days, taking Madeira instead of Teneriffe. He improved so rapidly that his friends no longer sat up with him. When he would "over-sleep" himself, or neglect his wine, all his unpleasant dreams and sensations would return. He kept it by his bedside, and after taking two gallons, he began to feel intoxicated from two or three glasses a day. He had a rapid and perfect recovery. He was a *teetotaller*, and when he first took the wine, did not know the difference between Malaga and Madeira.

CASE 7.—A negro girl, aged 8 years, had scarlatina,—was convalescent, became anasarcaous, with high excitement of the heart and arteries, hot, dry skin. When I first visited her, her skin was hot and dry, pulse 110 in a minute, and full. She was partially deranged, and completely amaurotic,—was under the operation of calomel, had been blistered all over the scalp, the chest in front, and the abdomen. I directed mild poultices to the blistered surfaces, and gave her a teaspoonful of cogniac brandy every half hour. In one and a half hour a bottle of Madeira was at hand. A wine glass of wine whey was directed every half hour, with milk gruel *ad libitum*. I left her at this hour (5 P. M.) At ten at night her skin was moist, pulse soft and natural, and she was rational. At 12 o'clock her sight was restored. The wine whey was continued two or three days, at longer intervals, and she had a rapid and perfect recovery. I saw her two weeks after my first and only visit, and received the above narrative.

Except the first case reported, I have never seen but one patient die with this condition of the system. I was called to see her about three hours before her death, and found her comatose, unable to swallow, with stertorous breathing, and relaxed sphincters. She had been treated for meningitis. Her condition was in all respects like the case of Mrs. E., but farther advanced, when appropriate remedies were administered.

How shall we reconcile with known pathological principles the symptoms of neuropathic excitement and the therapeutic effect of the remedies used for its cure? "It may be laid down as a general principle, that when blood is lost to a considerable amount, the great nervous centres receiving an inadequate, and the rest of the nervous system an irregular, supply of the vital fluid, their excitability becomes largely and irregularly developed; so that under this impressible condition of the nerves, the blood-vessels whose functions are *carried on under their presidency* assume augmented action. And if owing to the previous existence of *hyperæmia* in any organ, the nerves proceeding to that organ are in a morbidly excitable condition, a fresh development of irritability may ensue after bleeding, and the hyperæmic condition, instead of being relieved by the loss of blood, may be augmented by it."—*Vide Dunglison's Gen. Therapeu., Art. Sedatives.* The same morbid condition which is produced by large blood-lettings is induced by the more gradual abstraction of the vital fluid, by purging, lactation, defect of nutrition, &c. &c.

"Some of the most obvious and striking effects of the loss of blood, or those of reaction, are such as to suggest the idea of increased power and energy of the system, and of increased action in some of its organs, and to lead to an erroneous or dangerous employment or repetition of the lancet, when a directly opposite course of treatment is required; while the state of actual but protracted sinking frequently resembles a case of oppression of the brain, or of congestion of the lungs, so accurately, as to prompt the unwary practitioner to a still more sudden and fatal use of the lancet."—*Vide Hall on Blood-letting.* Again, (I quote from the same author,) "I have already stated that the symptoms of reaction from the loss of blood accurately resemble those of power in the system, and of morbidly increased action of the encephalon, and from these causes the case is very apt to be mistaken and mistreated by the farther abstraction of blood. The result of this treatment is apt further to mislead us, for all the previous symptoms are promptly and completely relieved; and this relief, in its turn, again suggests the renewed use of the lancet. In this manner, the last blood-letting may prove suddenly and unexpectedly fatal."

Exhaustion, however induced, will, under certain circumstances, develop capillary excitement. Congestions in the venous system of the encephalon follow, and serous effusion terminates the life of the victim. Effusion in the brain, I believe, is more frequently induced by improper depletion, and the use of the lancet, than from active congestion or inflammation. According to the experiments of Drs. Saunders and Leeds, there is effusion in the brain of serum in all animals bled to death. And if, says Dr. Kelly, "instead of bleeding *usque ad mortem*, we were to bleed animals more sparingly and frequently, we shall find a larger quantity of serum." The diagnosis of this condition is doubtful, and must be drawn from an assemblage of all the symptoms, and a knowledge of the remedies that have been employed, the history of their effects on the patient and morbid manifestations. In doubtful cases, we have often to make a diagnosis upon which the life of the patient depends, and instead of *bleeding in the erect posture*, as recommended by Marshall Hall, or the use of the more potent and permanent stimuli, I have generally given in doubtful cases a combination of camphor, morphine, and nit. æther, in such small portions as to act energetically, but transiently. In the first periods, from augmented impressibility of the nervous system to sedatives, one fourth or even one eighth of a grain of morphine produces decided sedation. In the last periods of venous congestion,

coma, and relaxation, the clear state of the adnata, stinging heat of the surface,—the pale countenance, blue lips, and distended veins, and rapid, variable, and almost empty condition of the arterial contractions, will at once, to the experienced practitioner, indicate the condition.

Maugre the objections of therapeutists to wines and distilled spirits as stimulants, because they act with accumulated intensity, I find them more efficacious in this condition than any other. Ammonia, in adynamic, neuro-pathic or exsanguious conditions, often produces profuse perspiration, and aggravates the condition it was intended to relieve. In the reaction of collapse, or the collapse of typhus, I generally alternate them. If the wine produce too much excitement, with dry skin, ammonia is given. If the perspiration become profuse under the administration of the ammonia, wine is substituted with the happiest effects.

For the American Medical Intelligencer.

ART. III.—ON THE EFFECTS OF OPIUM IN BRONCHITIS.

BY ALFRED T. KING, M. D.

Greensborough, Pa., Dec. 2, 1840.

To Professor Dunglison, M. D.

Dear Sir,—There are but few books which I have read with so much pleasure and profit as your *Elements of Therapeutics*, a work which I believe should be read and studied by every student and practitioner of medicine. The value of any medical work must be estimated by the lucidness and precision with which it indicates a correct system of practice; and the truth or the falsity of any doctrine or views promulgated by a medical writer can only be correctly tested by actual trial and repeated experiment. And in this manner have I again and again tested the correctness of your views, and the practical value of your pathological and therapeutical deductions. I allude more directly, in these remarks, to your views, as stated in the work above mentioned, in reference to the *modus operandi* of opium in phlegmasiæ, particularly in the phlegmasiæ of the bronchial mucous membrane.

Opium, in all its forms, has been usually proscribed during the inflammatory stage of diseases, and in none more than in bronchitis and pneumonitis. It has been alleged, in support of this view, that it always diminishes secretion and exasperates inflammation. This is doubtless false. You mention what is almost a self-evident truth, that "the first effect of high inflammatory excitement in a mucous membrane is to diminish its wonted secretion, and after the inflammatory action has existed for a time, an increase of its secretion takes place; but it is no longer healthy. The obvious indication is to remove this pathological condition of which these effects are only symptomatic. Now, a narcotic in an appropriate dose we know to be sedative, and capable of diminishing the force of the circulation and the energy of innervation." This reasoning struck me as extremely plausible, if not correct; and I determined that I would put it to the test the first favourable opportunity. It was not long ere an opportunity offered itself, and I need not add that the experiment was entirely successful. Many cases have since occurred in my own practice, in which the effects of this giant remedy were no less remarkable. A case, indeed, recently presented itself, in which a large dose of opium appeared to check the disease like a charm. This case I shall briefly describe:—

Mrs. S., of hale constitution and sanguineous temperament, was attacked October, 1840, suddenly, with great dyspnœa, accompanied by wheezing, an

incessant cough, at first without any expectoration, but after a time the expectoration became copious, pain in the breast, and high inflammatory fever. Percussion,—Slight dullness under the right clavicle, in every other part the chest was resonant. Upon applying the stethoscope, the sonorous and mucous râles were very distinct over the whole of the right lung, particularly the former râle. Under the left clavicle, over a space of about three inches, the crepitating râle was very perceptible. The sonorous râle, also, was very distinct in the upper part of this lung. Was there inflammation of the parenchymatous structure of the lung where this crepitating râle was heard? This I considered an unequivocal case of bronchitis, complicated with tubercles, probably, under the right clavicle, and a slight pneumonia. I accordingly bled, purged, cupped, and administered antimonial solution, with some relief to the patient.

As I resided about fifteen miles off, I was unable to see my patient for some days. About three days after the first visit, a messenger came in great haste, and desired me to go immediately with him. He said Mrs. S. was but little relieved, that she coughed almost incessantly, and had not slept since I was there. I had some urgent business to attend to that afternoon, which prevented me from going immediately with the messenger. Here, I thought, was a favourable opportunity for trying again the effects of opium. I accordingly sent Mrs. S. 3 grs. of denarcotised opium, with directions for her to take one half immediately, and if it did not give relief in one hour, to repeat the other half. This she did as I directed. The next morning I saw her, and was astonished to find her breathing with comparative ease, and she had little or no cough. She told me that soon after taking the second part, she began to breathe more easily, the cough ceased, and she fell into a tranquil slumber, from which she did not wake for six or seven hours, and then with almost perfect relief from her distressing cough and impeded respiration, with which she had been harassed for nearly a week.

With much respect, I am yours truly,

ALFRED T. KING, M. D.

BIBLIOGRAPHICAL NOTICE.

Dr. M'Clintock's Introductory Lecture.¹

This is a well written and well conceived address. Few lectures of the kind have come before us which are entitled to more commendation, or which present fewer occasions for criticism. The following extract, in relation to the advantages of anatomical knowledge to the surgeon, is a specimen of the author's matter and manner:

"In former times, when surgery held no elevated rank in relation to general science, the operative surgeon left to the physicians the difficult and laborious work of examining and understanding the bodily organisation; and the former were content to be the mere agents or assistants of the latter. But, in reading the history of medicine, you will find that this second-hand knowledge was inefficient; that the art was rude and cruel, compared with its present perfection; and that its practitioners held no higher rank than the knights of the razor, who performed, indeed, in many cases, the honourable and useful duties of the twofold profession, of barber and surgeon. As

¹ Annual Lecture. Introductory Lecture to the Winter Course of Anatomy in the Philadelphia School of Anatomy, delivered on Monday evening, Nov. 2, 1840. By James M'Clintock, M. D., Lecturer on Anatomy and Surgery, one of the Physicians to the Philadelphia Hospital, &c. Published by the Class. 8vo, pp. 16. Philadelphia, 1840.

anatomy began to be cultivated, however, and the surgeon devoted more attention to it, the art began to rise in dignity and importance; and now, when every practitioner is supposed to be thoroughly informed in that science which contains the elements of his art, that art itself is second to no human employment in the excellence of its objects, the elevation of its character, and the dignity of its reputation.

"A very slight glance at the former condition of surgery, as contrasted with its present perfection and glory, will satisfy you of the truth of these remarks. Twenty-three hundred years ago flourished Hippocrates, the Father of Medical Science, who, like Homer and Raphael, in their respective arts, not only created this science, but brought it to a high degree of perfection, by the impulsive force of his genius, and the unwearied energy of his research. So accurate were his experiments, and so profound his observations, that he unfolded the history of acute diseases with so much clearness and precision, that twenty centuries have hardly detracted from the value or added to the amount of his researches. But he was far from attaining the same degree of perfection in surgery. And why? Because the circumstances with which he was surrounded,—the prejudices of an ignorant and superstitious people, and their religious veneration for the asylums of the departed,—by depriving him of the opportunity of dissecting the human body, raised up insurmountable obstacles to the proper study of anatomy; and his knowledge of the subject, founded chiefly upon the external appearance of the body, and on the examination of the structure of those animals which were supposed to approach nearest to man, was necessarily limited and imperfect. In the study of acute diseases, commonly occurring, which presented strongly marked symptoms, and only required a just and sagacious observation of their succession and relations to each other, in order to the formation of a correct history of them, these imperfect notions were sufficient; but in surgery, the want of anatomy was immediately felt, and the consequence was that the science, even in the hands of so great a master, made little or no improvement. And it remained in its infancy for nineteen hundred years longer, until, in the beginning of the sixteenth century, the genius and boldness of Vesalius gave new life to anatomy. The darkness that had so long hung over surgery was soon pierced by the new and brilliant light which the advancement of anatomy diffused over all branches of medicine, and under the illuminating power of this clear and certain flame, the art soon assumed a new aspect, and suddenly rose to a high pitch of perfection in the hands of Ambrose Paré, the distinguished surgeon of Charles IX. whose great and well deserved reputation saved his life in the memorable night of the massacre of St. Bartholomew. To this day, the countrymen of Paré claim for him the same high place among surgeons that is assigned to Hippocrates among physicians. And among all the great names that adorn the history of surgery in later times, the Petits, the Desaults, the Le Drans, the Munros, the Hunters, the Coopers, and the Physicks,—you will not find one, the foundation of whose high renown was not deeply laid in the study of anatomy; here they prepared themselves for those successful operations which made them the admiration and wonder of their own times, and for those brilliant discoveries and inventions which have transmitted their glory undiminished to ours,—nay, which shall crown every one of these honoured names with the immortal reward of an imperishable fame.

"There is no quality more indispensable to the surgeon than that undisturbed coolness of mind which cannot exist without a strong and just confidence in his own powers, and in his preparation for the arduous task before him, when he is called upon to perform some important operation. This just self-confidence is essential to every pursuit in life. To quote the language of Bulwer, "If you rob genius of its confidence, you clip the wings of the eagle." No great enterprise in the walks of science, literature, art, or business, has ever been accomplished without it; it nerves the arm of the warrior, it gives energy and power to the decisions of the statesman, and it

enables the scholar to struggle on, through years of unceasing labour, with full hope of the final reward of all his toils. But to the surgeon, of all other men, is this calm confidence and self-reliance indispensable. He is called to the side of a wounded man—life is fast ebbing away—his judgment must be almost as rapid as his eyesight, and his action must follow, as rapidly, the decisions of his judgment, or the patient will die in his hands. Now, under such circumstances, a man must either be thoroughly ignorant of anatomy, or fully learned in it, in order to have confidence in himself. I can imagine the former confidence, that of the quack, who knows nothing of the wonderful mechanism of the human frame, and of course is ignorant of the dangers that lie before him, to be as strong as that of the skilful anatomist, who comes to his task, not only fully aware of all the dangers that attend it, but also furnished with the knowledge necessary to avoid or obviate them; but surely, gentlemen, it is not requisite to warn you against the ignorant, reckless foolhardiness of the one, while I hold up to you, as the object which you should aim at and pursue with unwavering perseverance, the well grounded self-reliance of the other. Nor, after the remarks that have been made, is it hardly necessary to say to you, that the surgeon who is possessed of only an outline knowledge of anatomy, will have no pretensions to the just confidence in himself which the thoroughly furnished operator can indulge; while, on the other hand, his knowledge of the structure and constituents of the body will be sufficient to make him tremblingly alive to every danger, and to fill his mind with the most harassing apprehensions. Most sincerely is such a man to be pitied for his miserable condition, but most heartily is he to be despised for the inexcusable carelessness and indolence that have brought him into it. Behold him, standing over his patient faltering, hesitating, disconcerted: hardly knowing where to apply his knife, and certainly ignorant of the results of its application,—in the language of John Bell—‘trembling at the thought of what he has to do,—acting only as he has seen others act,—he is interrupted, startled, perplexed with every new occurrence. He has foreseen nothing, provided for no accident, and every accident alarms him. He moves fearfully and timorously onward; like a blind man who walks with an air of confidence on an accustomed road, but when any new object presents itself, or the road is changed, is bewildered and lost.’ ‘Such operators are seen agitated, miserable, trembling, hesitating in the midst of difficulties, turning round to their friends for that support which should come from within, feeling in the wound for things which they do not understand, holding consultations amidst the cries of the patient, or even retiring to consult about his case while he lies bleeding in great pain and awful expectation; and thus, while they are making ungenerous struggles to gain a false reputation, they are incurring reproaches which attend them through life.’

“What a picture is here! Nor is it overcharged, gentlemen, as you may have learned already from observation,—I hope you never may from experience. Let it sink into your hearts, and be thoroughly impressed upon your memories, and it will effectually prevent your placing yourselves in such a false and unhappy position. As you would not dare to risk your own life in the hands of any surgeon whom you thought not thoroughly skilled in anatomy,—so may you never rashly undertake to trifle with the lives of your fellow-men, by undertaking to perform dangerous operations upon them without this indispensable preparation. Every man who loses a patient under such circumstances and for such reasons, is morally responsible for the life of his victim,—for *victim* he is, to the stupidity, the idleness, or the carelessness of the man to whom he entrusted his life. May you never incur so fearful a responsibility! Now more fearful than ever, because the means of improvement in anatomical knowledge are placed within your reach, and nothing but patient perseverance and industry are necessary on your part in order to secure it.”—P. 11.

MISCELLANEOUS NOTICES.

A Paper on Diseases of the Skin. By C. N. Berkeley, M. D.¹—The present state of our knowledge of diseases of the skin presents a striking contrast with that of other affections, both medical and surgical. While pathological investigations have been pursued with interest, and daily additions thus made to accurate diagnosis and treatment of disease in almost every form, affections of the skin, the most palpable lesions of the system, and those most evidently challenging the notice of the practitioner, have in this country been so much neglected, as in part to be thrown out of regular practice, and consigned to the care of empirics. Reasons for this are offered, such as the comparative infrequency of occurrence of cutaneous diseases, the habit of domestic treatment in their mild forms, and their intractable nature when brought to the physician in the chronic or inveterate stages, &c. But, perhaps, a better excuse may be found in the difficulties supposed to attend their study, from the want of systems of classification and nomenclature adapted to these diseases as presented in the United States. There is certainly much weight in this; for, besides the objection on the ground of the expense of importing the French and English works, the diseases they describe differ so much in variety and extent from those occurring with us, as to offer strong difficulties in the way of a just comparison, thus rendering these works of less practical value than their intrinsic merits would indicate.

These difficulties may be obviated, we think, at least for practical purposes, by assuming some plan, based upon the classifications of foreign writers, which shall embrace most of the diseases they describe, with those of our own country, but so arranged as to correct in part the confusion of a multiplicity of synonymes, and at the same time indicate the general nature of each class and variety of disease. Such a plan is now offered,—not to the scientific inquirer, who will, of course, refer to the authors themselves from whose works it is partly drawn,—but to the student whose opportunities do not permit access to them, and to the practitioner whose engagements will not allow him the time necessary for their study and comprehension.

To establish a classification on a strictly *scientific basis*, we should assume for it the anatomical lesions and pathological phenomena of the diseases to be arranged. This has been attempted in those of the skin, but with little success. To comprehend the difficulty of such a plan, we must investigate the special anatomy of the skin: we give it very briefly, as demonstrated by Messrs. Breschet and Roussel de Vauzeme. According to their observations, the skin consists of—1st, the *dermis*, enveloping the capillaries, the lymphatics, the nervous filaments, and the parenchyma of other organs contained in its substance.

2d. The *papillæ*, or organs of touch, the extremities of the nervous filaments.

3d. The perspiratory apparatus, or organ of secretion and excretion of perspiration.

4th. The apparatus of inhalation, or absorbent canals.

5th. The apparatus producing the mucous matter.

6th. The apparatus producing the colouring matter.

Some doubts exist as to the accuracy of these investigations, since Chevalier under similar circumstances arrived at very different results; still we will assume them as nearly correct, some such organisation being necessary to account for the various functions of the skin. Our object in bringing them forward is to show the almost impossibility of establishing a pathological arrangement of cutaneous diseases,—that is, of assigning to each of them a cause, and a location in an abnormal condition of one or the other

¹ Medical Examiner, January 2, 1841, p. 5.

of these tissues. How could inflammation exist in the perspiratory apparatus without involving that of inhalation and absorption; or how could the minute vessels of the mucous tissue be affected without implicating those of the colouring matter? for the space occupied by each of these systems is so small as to defy detection with the naked eye, requiring the assistance of the most powerful glasses to render them evident to the senses. Daily experience shows the impossibility of inflammation existing in one or the other organ of the skin for a considerable time without extending to those adjacent. Thus, in eczema, the most common vesicular affection of the skin, the first and simplest form presents a slight elevation of the cuticle, filled with clear serum, and apparently without inflammation; a degree farther we find a partial change in the character of the serum, and evidences of inflammation, as in eczema rubrum. Still farther, we have the serum entirely altered, becoming purulent, and covering the surface with scabs, as in eczema impetiginodes, which soon becoming pustular, presents a genuine impetigo. The same condition prevails in scabies, which, if neglected, at different periods of its duration exhibits every variety of cutaneous disease, from the simple vesicle, its type and origin, to the severest forms of pustular and papular affection, followed by universal desquamation. These facts illustrate the position assumed, and warrant, we think, an attempt at some simpler and more practical classification.

In the following plan a distinction is drawn between syphilitic and venereal cutaneous affections; this is not the proper place to give the reasons for such a distinction. Syphilis is used to express *chancre* and its *special* consequences; *venereal* implies all other diseases, the results of *impure coition*, not dependent on chancre. We propose to follow Plumbe in part, arranging cutaneous diseases under two general divisions. First, those of local origin, or dependent on the skin alone: second, those of a constitutional character, produced by some cause affecting the general system and developed through the skin.

FIRST DIVISION.—Diseases of the skin proper, or those originating in the skin, independent of, though modified by, constitutional causes.

PUSTULAR DISEASES.

Synonymes.

Varus	} Acne	{	A. mentior sycosis—probably contagious.		
Gutta rosea			A. punctata	} Generally chronic	
Dartre pustuleuse			A. syphilitica		
Couperose			A. indurata		
Copper nose			A. sebacea		
Couperose	} Porrigo	{	A. rosacea, acute	} Non-contagious.	
Tinea-Teigne			P. favosa		
Favus					
P. lupinosa					
Ringworm	}	{	P. scutulata	Contagious when originating as porrigo around the bulbs of the hair; when consequent on impetigo, probably non-contagious, though followed by permanent baldness in the affected part.	
Agria	} Ecthyma	{	Non-contagious; sometimes complicated with syphilis; chronic.		
Scabies fera					
Furunculi Atonici					

VESICULAR.

Dartre squameuse	} Eczema	{ <div> <p>E. simplex, or solare, closely analogous to lichen tropicus, or prickly heat</p> <p>E. rubrum,—often periodical; usually the origin of chronic E. in debilitated constitutions</p> <p>E. impetiginodes,—apt to lose its vesicular form, and become impetigo</p> </div>	} Non-contagious.
Humid tetter			
Running scall			

VESICULAR.

Synonymes

Itch

Psora-gale

Rogne

{ Scabies

{ Generally acute and contagious; when chronic, it loses its vesicular character, and becomes either pustular, squamous, or papular; in the latter form closely resembling prurigo senilis. Scabies is produced by the acarus scabei.

SQUAMOUS.

Scabies sicca

Dartre furfuracée ar-
rondie

Dartre ecailleuse

Dartre squameuse

lichenoides

Dry scall

Scaly leprosy

Scaly tetter

{ Psoriasis

{ P. guttata { Generally acute

{ P. labialis

{ P. circinnata, or lepra

{ P. diffusa

{ P. inveterata

{ P. preputialis

{ P. palmaris, grocer's or
bakers' itch

{ Chronic

{ Non-contagious.

Dandriff

Dartre furfuracée vo-
lante

Lichen

Fish-skin disease

{ Pityriasis

{ P. capitis—chronic

{ P. versicolor { usually

{ P. rubra { acute

{ Non-contagious,
and rarely the sub-
ject of medical
treatment.

{ Ichthyosis

{ Chronic and non-contagious.

BULLOUS.

Ulcus Atonicum

{ Rupia

{ R. simplex; acute and non-contagious.

TUBERCULAR.

Herpes exedens

Lupus vorax

Dartre rongearite

Cancroide

Keloide

{ Lupus

{ L. exedens

{ L. syphiliticus

{ L. non exedens

{ Non-contagious.

{ Cheloides

{ Chronic and non-contagious.

MACULÆ.

Mother mark

Spilus

Mole

{ Naevi

{ Naevi vasculares.

SECOND DIVISION.—Diseases produced by causes acting through the constitution.

PUSTULAR.

Crusted tetter

Dartre crustacée

Running tetter

Melitagre

{ Impetigo fi-
gurata
Imp. sparsa

{ Porrigo larvalis

{ Tinea mucosa

{ Crusta lactea

{ Teigne

{ Dartre crustacée

{ flavescens

{ Non-contagious, and fre-
quently salutary in its
influence, especially in
children, during the sum-
mer and winter.

{ Venereal and
syphilitic

{ The most common form of venereal and sy-
philitic cutaneous affection.

Glanders

Farcy glanders

{ Equinia

{ E. glandulosa—acute glanders

{ Farcy glanders, generally chronic

{ Conta-
gious.

VESICULAR.

Eczema

{ E. of the scalp, confounded

{ with porrigo

{ Chronic E.

{ E. of the face, mistaken fre-
quently for crusta lactea, or

{ impetigo

{ Non-conta-
gious, and
perhaps sa-
lutary.

{ Syphilitic &
venereal

{ Very rare—chronic

VESICULAR.

Synonymes.

Tetter	} Herpes	H. phlyctenodes	} Generally acute	} Non-contagious.
Dartre		H. labialis		
Olophlyctide		H. preputialis		
		H. zoster		
		H. iris		
		H. circinatus,—evanescent ring-worm, liable to become chronic		

SQUAMOUS.

Syphilitic eruptions	}	Unconnected with other forms of cutaneous disease, and perhaps entirely dependent on constitutional syphilis.
----------------------	---	---

PAPULAR ERUPTIONS.

Papula	}	Lichen	L. simplex	}	Acute—non-contagious.
Scabies sicca			L. atrophulus—red gum		
Gall leche			L. urticatus		
Dartre furfuracée volante			L. agrius		
			L. syphiliticus—generally of venereal origin		
Pruritis	}	Prurigo	P. mitis—acute	}	Generally chronic and non-contagious; in the form of P. senilis, perhaps salutary, especially in females, after their "change in life."
Cresmos			P. formicans		
Scabies papuliformis			P. senilis		
			P. podicis		
			P. genitalium		
		Syphilitic	} Generally result of constitutional syphilis.		

EXANTHEMES.

Essera aspretudo	}	Urticaria	U. febrilis	}	Chronic generally	{ Non-con- tagious.
Nettle rash			U. evanida			
Purpura urticata			U. tuberosa			
Febris urticata						
Exanth-urticatum						
Intertrigo	}	Erythema	E. fugax	}	Acute—non-contagious.	
Tooth rash			E. papulatum			
Gum			E. nodosum			
		Erysipelas	{ Acute } Non-contagious; sometimes epide- Chronic } mic in hospitals.			
Rose rash	}	Roseola	R. infantilis	}	Acute and non-contagious.	
Rosacea			R. annulata			
Rubeola			R. aestiva			
Spuria			R. autumnalis			
			R. syphilitica	{ A primary affection, usually coincident with gonorrhœa; at times chronic.		

MACULÆ.

Land scurvy	}	Purpura	P. simplex	}	Acute—non-contagious.
Petechia			P. hæmorrhagica		
Peliose			P. syphilitica		
Liver spots	}	Ephelis	} Generally chronic; non-contagious; apt to accompany pregnancy, and retire with its cessation.		
Taches hépatiques					
Chloasma					

BULLOUS.

Febris bullosa	}	Pemphigus	P. acute	}	Acute	}	Non-contagious.
Pompholyx			Pomphol-solitarius				
Dartre phlyctenoides confluenta			Pomph-diutinus—chronic pemphigus				

BULLOUS.*Synonymes.*

Ulcus atonicum	{ Rupia	{ R. prominens R. escharotica R. syphilitica	{ Chronic; non-contagious.
----------------	---------	--	----------------------------

TUBERCULAR.

Elephantiasis	{ Chronic—non-contagious.
Syphilitic tubercle	{ Generally of syphilitic origin—chronic.

UNCLASSIFIED DISEASES.

Framboesia
Mollusum
Lepoides
Melanosis

Furuncle	{ Not properly a disease of the skin, but of the sub-cutaneous cellular tissue.
Scrofula	{ Incapable, perhaps, of originating, yet complicating and modifying all the diseases embraced in the second division.

Variola, varioloid, and vaccina; varicella, with military fever; rubeola and scarlatina, are omitted. With the exception of vaccina, they are essentially fevers, and belong to works on general practice. Vaccina, if classified, would be considered as confined to the skin proper; it is not introduced on account of its intimate relations with variola.

Stokes on the Chest.—A copy of this work, sent to us by its distinguished author upwards of two years ago, has, from accidental circumstances, only just reached us. Messrs. Haswell & Barrington have, we are informed, some copies of the English edition for sale.

Philadelphia Medical Society.—At the annual election held on Saturday, 2d January, the following officers were elected for the ensuing year:—

President.—Thomas Harris, M. D.

Vice Presidents.—George B. Wood, M. D.; Robert M. Huston, M. D.

Treasurer.—J. Brewer, M. D.

Corresponding Secretaries.—B. H. Coates, M. D.; W. Poyntell Johnston, M. D.

Recording Secretary.—Joshua M. Wallace, M. D.

Orator.—Isaac Parrish, M. D.

Librarian.—J. F. White, M. D.

Curators.—Joseph Peace, M. D.; John B. Griscom, M. D.